



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
SPECIAL EDUCATION-FUNDS MANAGEMENT
SPEECH IMPLEMENTOR MODEL APPROVAL

School District Name:	County-District Code:
District Contact:	Form Due Date: AUGUST 15

Directions

Please complete all sections of the form.

1. Attach college transcripts and/or licenses.
2. For Implementors with a BS in Communications Disorders, indicate if they will be participating in Teacher Retirement.
3. If requesting approval for more than two implementors, attach a separate sheet to this form.

MAIL: the completed form by the **Due Date Above** to: Special Education Funds Management, Missouri Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102 or Fax 573-526-5946.

QUESTIONS: Special Education Funds Management at 573-751-0622 or webreplyspefm@mail.dese.state.mo.us

Assurances

1. Implementor Name	Social Security Number	Date of Birth
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MO Certified Teacher: <input type="checkbox"/> No <input type="checkbox"/> Yes	BS in Communication Disorders: <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes attach a copy of the transcripts.
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Participating in Teacher Retirement: <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes provide home address.

Home Address:

Supervising Pathologist Name	Pathologist Social Security Number
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Pathologist Holds MO Teaching Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pathologist Licensed by MO Board of Healing Arts: <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes please attach a copy of the license.
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2. Implementor Name	Social Security Number	Date of Birth
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MO Certified Teacher: <input type="checkbox"/> No <input type="checkbox"/> Yes	BS in Communication Disorders: <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes attach a copy of the transcripts.
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Participating in Teacher Retirement: <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes provide home address.

Home Address:

Supervising Pathologist Name	Pathologist Social Security Number
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Pathologist Holds MO Teaching Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pathologist Licensed by MO Board of Healing Arts: <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes please attach a copy of the license.
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Authorized Representative	Date
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